



APPLICATION FOR LIMITED REGISTRATION OF PROFESSIONAL EMPLOYER ORGANIZATION

Full name of applicant:

FEIN#:

Principle business location (street, city, state, ZIP code):

Contact person:

Title

Telephone number
()

Email Address:

Website Address:

Is the applicant licensed in another state that has requirements substantially similar to or more restrictive than IC 27-16? Yes No
If yes, list the state _____.

Is the applicant in good standing in that state? Yes No

Does the applicant maintain an office in Indiana? Yes No
If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

Does the applicant directly solicit clients located or domiciled in Indiana? Yes No
If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

Does the applicant have more the fifty (50) employees employed or domiciled in Indiana? Yes No
If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

The following attachments must accompany this application:

1. Registration fee of two hundred and fifty dollars (\$250).
2. Certification from domiciliary state the applicant is registered and in good standing.

Do Not Write In this Section-For Departmental Use Only

I certify that the above statements are true.

Signature

Date

Printed Name

Title